PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/767,041

CLAIMS AS FILED - PART I					l		SI	SMALL ENTITY			OTHER THAN	
<u> </u>	TAL OLATIO		(Column 1)		(Column 2)		רד ו	TYPE		OR	SMALL	
TOTAL CLAIMS			53					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13		L	X\$ 9=		OR	X\$18=	234 -
INDEPENDENT CLAIMS			7 minus 3 =		4			X40=		OR	X80=	240 -
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	,
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	-	TOTAL		OR	TOTAL	1184
CLAIMS AS AMENDED - PART					T II			•			OTHER	THAN
		(Column 1)	(Colum HIGHE					SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	e est	NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 32	Minus	. 3	3	=	肚	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	*** /	7 CLAIM	<u> </u>	$\vdash \sqsubseteq$	X40=.		OR	X80=	٠
<u> </u>	THOTTRESE	STATION OF MI	JETIFEE DEF	CHOCIAI	OLAHVI		' [.	+135=		OR	+270=	
							AD	TOTAL DIT, FEE		OR	TOTAL ADDIT. FEE	
	6.22.04	(Column 1)		(Colur	nn 2)	(Column 3)	~_	J CC 2				
AMENDMENT B	_2	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	. 3	2	= 0	 [;	X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	•••	3	= 0		X40=		OR	X80=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=	
							L	TOTAL		• • •	TOTAL	<u> </u>
							ADI	DIT. FEE L		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	<u> </u>	(Colun		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	F		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		(\$ 9=		OR	X\$18=	· ·
	Independent	•	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		· · · · · ·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,										OR	+270=	
** }	f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	s less than	1 20, enter "20."	ADE	TOTAL DIT. FEE		OR]	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Pai					r found	in the app	opriate box	in col	umn 1.	